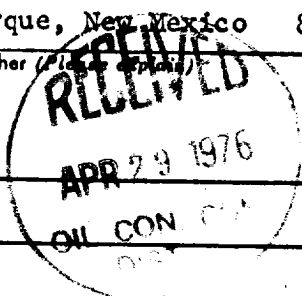


SANITATE		1	
FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Petroleum Consultants, Inc.  
Address  
1420 Carlisle Blvd. NE, Suite 202, Albuquerque, New Mexico 87110  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other ( )  
If change of ownership give name and address of previous owner



II. DESCRIPTION OF WELL AND LEASE  
Lease Name Sperling Well No. 1 Pool Name, including Formation Escrito Gallup Kind of Lease State, Federal or Fee Federal Lease No. SF078532  
Location  
Unit Letter I ; 1850 Feet From The South Line and 790 Feet From The East  
Line of Section 30 Township 24N Range 6W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Merit Oil Corporation Address (Give address to which approved copy of this form is to be sent) 152 Petroleum Center Bldg., Farmington, NM 8740  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Petroleum Consultants, Inc. Address (Give address to which approved copy of this form is to be sent) 1420 Carlisle Blvd. NE, Albuquerque, NM 87110  
If well produces oil or liquids, give location of tanks. Unit I Sec. 30 Twp. 24N Rge. 6W Is gas actually connected? yes When 4-1-60

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
  
(Signature)  
President  
(Title)  
April 16, 1976  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED APR 20 1976, 19  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. #3  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.